

PUNCHED  
VERIFIEDARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

5553  
154

## CERTIFICATE OF DEATH

BIRTH NO. 20116

REGISTRAR'S NO.

1. PLACE OF DEATH

A. COUNTY

YUMA

B. LENGTH OF STAY

IN THIS INSTITUTION  
7 HOURS 15 MINUTES

2. USUAL RESIDENCE

A. STATE ARIZONA

(WHERE DECEASED LIVED.)

IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

B. COUNTY

YUMA

C. CITY

OR

TOWN

YUMA

☒ IN CITY LIMITS☐ OUTSIDE CITY LIMITS

C. CITY

OR

TOWN

YUMA

☒ IN CITY LIMITS☐ OUTSIDE CITY LIMITS

D. FULL NAME OF HOSPITAL OR INSTITUTION

PARKVIEW BAPTIST HOSPITAL

D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM?

PARKVIEW BAPTIST HOSP.

YES ☐ NO ☒

3. NAME OF DECEASED

A. (FIRST) JESUS

B. (MIDDLE) OLIVAS

C. (LAST) LORONA

4. SEX

5. COLOR OR RACE

MALE CAUC.

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

N A

6B. NAME OF SPOUSE

N A

7. DATE OF BIRTH

MONTH

DAY

YEAR

6

9

61

8. AGE (IN YEARS)

LAST BIRTHDAY)

IF UNDER 1 YEAR

MONTHS

DAYS

IF UNDER 24 HRS.

HOURS

MIN.

7

15

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)

N A

9B. KIND OF BUSINESS OR INDUSTRY

NONE

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

ARIZONA

11. CITIZEN OF WHAT COUNTRY?

U S A

12. WAS DECEASED EVER IN U. S. ARMED FORCES?

(YES, NO, OR UNKNOWN) NO

(IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO.

NONE

14A. FATHER'S NAME

HENRY O LORONA

14B. BIRTHPLACE (STATE OR COUNTRY)

ARIZONA

15A. MOTHER'S MAIDEN NAME

GREGORIA G. OLIVAS

15B. BIRTHPLACE (STATE OR COUNTRY)

MEXICO

16. INFORMANT'S SIGNATURE

Henry O. Loran

ADDRESS

YUMA, ARIZONA

17. DATE OF DEATH

(MONTH)

(DAY)

(YEAR)

JUNE

19

1961

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION

(A) Pulmonary Hypertension

DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

8

PLACE DISEASE CONTRACTED.

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒PERATIONS  
AUTOPSYMEDICAL  
CERTIFICATIONDEATH  
DUE TO  
EXTERNAL  
VIOLENCECORONER'S  
CERTIFICATIONFUNERAL  
DIRECTOR  
AND  
REGISTRAR

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM

19

TO

19

THAT I LAST SAW THE DECEASED

ALIVE ON

19

AND THAT DEATH OCCURRED AT

5:45 P

M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE

(DEGREE OR TITLE)

M. D.

22B. ADDRESS

YUMA, ARIZONA

22C. DATE SIGNED

6/10/61

23A. ACCIDENT

(SPECIFY)

SUICIDE

HOMICIDE

NATURAL CAUSE

X

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN)

(COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR)

OF

INJURY

M

23E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

25B. DATE

6-12-61

25C. NAME OF CEMETERY OR CREMATORY

DESERT LAWN MEMORIAL PARK

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

YUMA, ARIZONA

26A. DATE REC. BY LOCAL REG.

26B. REGISTRAR'S SIGNATURE

Dorinda Nelson

27A. FUNERAL DIRECTOR'S SIGNATURE

A. G. Dorland

27B. ADDRESS

YUMA, ARIZONA

28A. EMBALMER'S SIGNATURE

A. G. Dorland

28B. EMBALMER'S CERT. NO.

364 R